

## **Title 178 NAC 2**

## **Application for a Variance**

One variance request per form. \$300 fee per variance.

Project Number P		
Name of Owner:		
Street Address:		
City:		Zip:
Telephone:		
Name of Plan, Project, or Produc	ot:	
Street Address:		
City:	State:	Zip:
Telephone:		
Name of Contractor:		
Street Address:		
City:	State:	Zip:
Telephone:		
State reason(s) for variance requispecifications, photos, etc., that one sheet if necessary.)		
Specific section(s) of 178 NAC 2	for which variance is reques	ted.
State hardship and justification a (Attach separate sheet if necessary)		elieve the hardship.

pairment to public health.
Date